

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF INDIANA

[This form is for non-prisoners who cannot afford to pay the filing fee when filing a new case OR a notice of appeal.
If you are a prisoner, you need a different form.]

Condra L. Smith

[Type or neatly print in ink your full name. If more than one PLAINTIFF, each must file a separate form.]

v.

U.S. Department of Education

[Put the name of the first DEFENDANT on this line.]

Case Number 1:18CV348

[For a new case in this court, leave blank.
The court will assign a case number.]

18 NOV 29 PM 1:37
U.S. DISTRICT COURT
FOR THE NORTHERN DISTRICT
OF INDIANA

FILED

[The top of this page is the caption. Everything you file in this case must have the same caption.
Once you know your case number, it is VERY IMPORTANT that you include it on everything you send
to the court for this case. DO NOT send more than one copy of anything to the court.]

MOTION TO PROCEED IN FORMA PAUPERIS

1. Are you employed? ☐ No.

☒ Yes, my gross earnings (before deductions for taxes, etc.) are: \$ 1,482.60 per month.

2. Are you married? ☒ No.

☐ Yes, spouse's gross earnings (before deductions for taxes, etc.) are: \$ _____ per month.

3. Have you (and spouse if married) received money from any other source in the past 12 months? ☒ No.

<input type="radio"/> Yes.	From where?	How often?	How much?

4. If you have no income listed above, explain how you (and spouse, if married) obtain food, clothing, shelter, and other necessities of basic living. _____

[DO NOT write in the margins or on the back of any pages. Attach additional pages if necessary.]

5. How much money do you (and spouse, if married) have? \$ _____.

[Include cash on hand and deposits in accounts.]

6. What is the value of your (and spouse, if married) real estate, cars, jewelry, stocks, bonds, and other valuable property or investments? \$ 40000.

7. How many children under 18 years of age do you (and spouse, if married) support: 0.

[Include children who live in your household or for whom you pay child support.]

8. List any adult you support:

What is your relationship to this adult?	Age?	How Much Support?

9. Please provide any other information that should be considered in evaluating your motion.

*I am a single individual struggling to make ends meet
I am barely making money to keep up with car payments and a
recently increase in rent.*

*These fraudulent debt/bans companies are also garnishing my check
up to 12%*

I can barely afford to purchase food and gas for the car

*• Attach is my check stub and break down of expenses
sent*

I am not a prisoner. I cannot pay the full filing fees and costs of this civil lawsuit or give security because of my poverty. I believe that my claims have merit. I ask the court to allow me to proceed without pre-payment of court fees and costs. I declare under penalty of perjury that all of my statements in this motion are true.

Signature

Date

10-20-2019

Case Number 1:18cv0348

STATEMENT OF EARNINGS AND DEDUCTIONS						THIS	
Employee Name		CRIS Number	Dept.	Fed. Ex.	State Ex.	Period Ending	Check Date
CONDRA L SMITH				S03	S02	11/10/2018	11/16/2018
EARNINGS				DEDUCTIONS			
ITEM	HOURS	CURRENT	YEAR TO DATE	ITEM	CURRENT		
REGULAR PAY	80.00	880.00	2090.00	FEDERAL INC TAX	33.00		
HOLIDAY PAY		.00	88.00	STATE TAX - IN	26.50		
GROSS PAY	80.00	880.00	2178.00	SOCIAL SEC TAX	54.56		
				MEDICARE TAX	12.76		
				ALLEN COUNTY	11.88		
				DIR DEP CHECKING	741.30		
				TOT DEDUCTNS	880.00		
YTD FED WAGES				Hourly - BiWkly	11.00		

DIR DEP CHECKING

741.30

CONDRA L SMITH
3301 LAFAYETTE ST
FORT WAYNE, IN 46806

STATE OF INDIANA) IN THE _____ COURT
)
 COUNTY OF) CASE NO 1:18CV348

Petitioner _____

v.

Respondent. _____

VERIFIED MOTION FOR FEE WAIVER

The Petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with _____

4. Our family's income is 1,482.60 per month. (Total from below)
 (Income received each month, before taxes)

Wages (<u>11</u> per hour x <u>40</u> hours per month)	<u>1,482.60</u>
Unemployment Compensation	_____
AFDC / TANF Benefits	_____
SSI / SSD Benefits	_____
Child Support	_____
Other (_____)	_____
	+ _____
	Total = _____

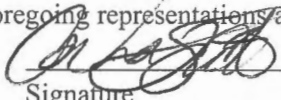
5. We have 0 in the bank.

6. Our expenses total 1,482.60 per month: (Total from below)
 (Expenses spent each month)

Housing (Rent, Contract, or Mortgage)	<u>545</u>
Food	<u>27</u>
Utilities (Gas, Electric, Water, Phone, etc.)	<u>405</u>
Child Care	_____
Medical Bills	_____
Transportation <u>100 per car</u>	<u>100</u>
Insurance (car, medical and/or property)	<u>165</u>
Child Support	<u>240</u>
Other (please describe) <u>Garnishment</u>	_____
	+ _____
	Total = _____

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.


 Signature